


FILED
May 27, 2008 8:00 am
Secretary of State

04-24-2008 90019 015 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000087928		
1. Entity Name HOSPITAL REALTY, LLC		
Principal Place of Business 2999 NE 191 ST. PENTHOUSE 2 AVENTURA, FL 33180		Mailing Address 2999 NE 191 ST. PENTHOUSE 2 AVENTURA, FL 33180
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DADE COUNTY CORPORATE AGENTS, INC. 18901 NE 29TH AVENUE SUITE 100 AVENTURA, FL 33180		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing)</small> DATE _____		
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOLEDANO, YIZHAK 3624 ESTATE OAK CIRCLE FORT LAUDERDALE, FL 33312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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DO NOT WRITE IN THIS SPACE		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date _____ Daytime Phone # _____		

30007667



04072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**